

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re U.S. Patent Application)
)
TAKESHITA et al.) **Art Unit 1632**
)
Application Number: 10/812,895) **Examiner Marcia S. Noble**
)
Filed: March 31, 2004)
)
For: APPARATUS FOR MICROINJECTION OF)
SAMPLE INTO AMPHIBIAN OOCYTES)
)
Attorney Docket No. HIRA.0147)

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

| FOR | TOTAL WITH NEW CLAIMS ADDED | TOTAL CURRENTLY ON FILE | CLAIMS ALREADY PAID | RATE | CALCULATION |
|---|-----------------------------------|-------------------------------|------------------------|--------------|-------------|
| Total Claims | 4 | 4 | (Over 20) | x \$50 | 0 |
| Independent Claims | 2 | 2 | (Over 3) | x \$200 | 0 |
| MULTIPLE DEPENDENT CLAIM(S) | | | | + \$360 | 0 |
| REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). | | | | x ½ | |
| | | | | TOTAL | 0 |

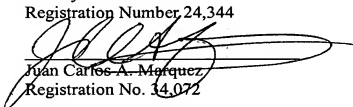
In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- | | |
|--|--|
| [x] Response to Office Action (with Claim Amendments) | [] Petition for Extension of Time (month) |
| [] Substitute Specification | [x] Terminal Disclaimer |
| [] Preliminary Amendment | [] Letter to Draftsperson |
| [] Information Disclosure Statement | [] Assignment |
| | [] Other _____ |

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] A check in the amount of **\$130.00** to cover the Terminal Disclaimer fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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